

08/346,834

DOCKET NO.: 06940/0032  
TT0142



PATENT

#3

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: INTERRUPT MASK DISABLE CIRCUIT  
AND METHOD

the specification of which:

\_\_\_ is attached hereto.

X was filed on July 21, 1992 as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with 37 CFR §1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

Country	Number	Date Filed	Priority Claimed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (patented, pending)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: THOMAS L. CANTRELL, Reg. No. 20,849; STANLEY R. MOORE, Reg. No. 26,958; H. MATHEWS GARLAND, Reg. No. 19,129; THOMAS L. CRISMAN, Reg. No. 24,846; ROGER L. MAXWELL, Reg. No. 31,855; ROBERT A. SAMRA Reg. No. 34,970; and H. DALE LANGLEY, JR., Reg. No. 35,927 of the firm of JOHNSON & GIBBS, P.C., 100 Founders Square, 900 Jackson Street, Dallas, Texas 75202-4499, and

Address all telephone calls and correspondence to:

Roger L. Maxwell, Esq.  
Johnson & Gibbs, P.C.  
100 Founders Square  
900 Jackson Street  
Dallas, Texas 75202-4499  
214/977-9000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Full Name <u>1-00</u> James E. Bowles	<i>James E. Bowles</i> Inventor's Signature	8-11-92 Date
	Residence <u>Austin, Texas TX</u>		Citizenship US
	Post Office Address 11716 Birchbark Trail Austin, Texas 78750		
2	Full Name <u>2-00</u> Mark Luedtke	<i>Mark Luedtke</i> Inventor's Signature	8/11/92 Date
	Residence <u>Del Valle, Texas TX</u>		Citizenship US
	Post Office Address Rt. 1, Box 646 Del Valle, Texas 78617		
3	Full Name <u>3-00</u> Dale E. Gulick	<i>Dale E. Gulick</i> Inventor's Signature	8/6/92 Date
	Residence <u>Austin, Texas TX</u>		Citizenship US
	Post Office Address 3122 Festus Drive Austin, Texas 78748		
4	Full Name	Inventor's Signature	Date
	Residence		Citizenship
	Post Office Address		
5	Full Name	Inventor's Signature	Date
	Residence		Citizenship
	Post Office Address		